

# DISCLOSURE STATEMENT/CONSENT FORM

(required by C.R.S. 12-43-214)

## 1. INFORMATION

Name: Stefanie M. Brown, JD MA LMFT CACI *dba* PTSD Trauma Treatment Center  
Address: 422 E. Vermijo Avenue, Suite 201, Colorado Springs, Colorado 80903  
Telephone: (719) 432-8175 (tel) / (719) 213-2322 (fax)

## 2. CREDENTIALS

Licensure: LMFT (Licensed Marriage & Family Therapist), Lic# MFT-1024  
CAC I (Certified Addictions Counselor), Lic# CA-6783

Degrees: MA 2008 (clinical counseling), JD 1987 (law), BA 1983 (liberal arts),  
PsyD 2015 (expected, Doctorate in Psychology)

Professional Experience: PTSD Trauma Treatment Center, Colorado Springs, CO (2008 - present);  
Warrior Support Center, Colorado Springs, CO (May to Nov 2011),  
Cedar Springs Behavioral Health Hospital, Colorado Springs, CO (Aug  
2008 to May 2011), Evans Army Community Hospital, Fort Carson, CO  
(internship, February to August 2008). Lawyer, San Francisco, CA (since  
1987—CA Bar No. 130247—voluntarily inactive since 2008).

Professional Associations: AAMFT (American Association of Marriage and Family Therapists,  
clinical member), EAGALA (Equine Assisted Growth and Learning  
Association), ISSTD (International Society for the Study of Trauma  
and Dissociation), California Bar Association (member).

Certifications: NCC (Nationally Certified Counselor), EMDR trained, CPT trained, Psychodrama  
trained, EAGALA certified as equine-assisted psychotherapy facilitator,  
Mediation and Restorative Justice trained.

## 3. REGULATION OF PSYCHOTHERAPISTS

The following paragraph is mandated by Colorado law:

“The practice of licensed or registered persons in the field of psychotherapy is regulated by the Mental Health Licensing Section of the Division of Registrations. They can be reached at: Colorado Department of Regulatory Agencies, Mental Health Section, 1560 Broadway, Suite 1350, Denver, Colorado 80202, (303) 894-7766. The regulatory requirements for mental health professionals provide that a Licensed Clinical Social Worker (LCSW), a Licensed Marriage and Family Therapist (LMFT), and a Licensed Professional Counselor (LPC) must hold a Master’s degree in their profession and have two years of post-Master’s supervision. A Licensed Psychologist must hold a Doctorate degree in psychology and have one year of post-Doctoral supervision. A Licensed Social Worker (LSW) must hold a Master’s degree in social work. A Psychologist Candidate, a Marriage and Family Therapist Candidate, and a Licensed Professional Counselor Candidate must hold the necessary licensing degree and be in the process of completing the required supervision for licensure. A Certified Addiction Counselor I (CAC I) must be a high school graduate, and complete required training hours and 1000 hours of supervised experience. A CAC II must complete additional required training hours and 2,000 hours of supervised experience. A CAC III must have a Bachelor’s degree in behavioral health, and complete additional required training hours and 2,000 hours of supervised experience. A Licensed Addiction Counselor must have a clinical Master’s degree and meet the CAC III requirements. A Registered Psychotherapist is registered with the State Board of Registered Psychotherapists, is not licensed or certified, and no degree, training or experience is required.”

4. **CLIENT RIGHTS AND OTHER IMPORTANT INFORMATION**

- a. You are entitled to receive information from me about my methods of therapy, the techniques I use, and the duration of your therapy. We will jointly assess the best approach to meet your goals during the first session as well as periodically thereafter. You can terminate therapy at any time and should discuss wanting to do so with your therapist to ensure an orderly discharge.
- b. My fee is \$100/hour for individual counseling (50 min); \$130/hour for family sessions (50 min); \$150 for the initial intake appointment (50 – 75 min); and \$150 for equine-assisted psychotherapy (75 -90 min). If you are covered by Tricare, Cofinity, Cigna, or Aetna, I will accept their contracted rates and you will be responsible for your deductible and co-pay, if any. You will also be responsible (out of your pocket) for extensive phone conversations (e.g., more than 5 minutes, more than once a month), written reports, consultations with attorneys or other representatives, most document productions, depositions and/or court appearances, and other services that are not covered by Tricare or other insurance.
- c. For late cancelation (less than 48 hours) and/or no shows, there is a \$40 fee that is not covered by Tricare or insurance. If you engage in that behavior (late cancelations or no shows) for 3 sessions over any 6-session period, you may be terminated as a client.
- d. In a professional relationship, sexual intimacy is never appropriate and should be reported to the Department of Regulatory Agencies.
- e. Generally speaking, information provided by and to a client in a professional relationship with a psychotherapist is legally confidential and the therapist cannot disclose the information without the client’s consent. However, there are exceptions to confidentiality that include, but are not limited to, **mandatory** reporting of: (1) a suspected or disclosed incident of child abuse or neglect, (2) sexual misconduct by another therapist; (3) a threat made by a client of imminent physical harm toward him/herself or another; (4) any suspected threat to national security; and (5) a client who appears to be imminently dangerous to self or to others or who is gravely disabled. Other situations where disclosure **may** occur include: (1) elder or spousal abuse; (2) pursuant a subpoena or court order; (3) to Tricare or insurance companies when billing (e.g., diagnosis and session dates will be disclosed and sometimes treatment plan(s), progress notes, and other information as well), (4) in the event of nonpayment or incomplete payment, for collection activities (e.g., client information—including identity, amount due, and other information necessary to collect the debt—may be disclosed); (5) during supervision, if any, or in consultation with others to aid in your treatment process (usually without including your name); and (6) some of the elements of your sessions and/or outcome(s) may be included, with reasonable steps taken to conceal personally identifying information, in case presentations, e.g., for teaching or other presentation purposes and/or in articles, books, in blogs, or other publications or speaking engagements.
- f. Under Colorado law, C.R.S.§ 14-10-123.8, parents have the right to access mental health treatment information concerning their minor children, unless the court has restricted access to such information. If you request treatment information from me, I may provide you with a treatment summary, rather than session notes, consistent with Colorado law and HIPAA..

5. **DISCLOSURE REGARDING DIVORCE AND CUSTODY LITIGATION**

If you are involved in divorce, custody, or any other litigation, please be informed that my role as a treating provider is not to make recommendations to the court concerning custody, parenting, or other legal issues. The court can appoint professionals, who have no prior relationship with you or other family members, to conduct an investigation or evaluation and to make recommendations to the court concerning parental responsibilities or parenting time in the best interests of the family’s children. Experts are also available to make objective assessments of, and give testimony on, other issues.

*I have read this document, the information has been provided to me verbally, and I understand my rights.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist /Stefanie M. Brown, LMFT

\_\_\_\_\_  
Date